

2002 West Virginia Indicators Project Annual Report

Significant Agency Activities in Calendar Year 2003

In 2003, the Authority continued its work on the project. The Authority has performed extensive analysis on two utilization datasets: 1) West Virginia resident inpatient discharges and 2) West Virginia resident outpatient visits for PEIA and Medicaid members. This analysis was completed to delineate health service areas demonstrating the prevailing utilization patterns between West Virginia patients and their care providers. These data were examined from two perspectives, the tendency for county residents to obtain care within their county of residence or to obtain care in neighboring areas.

Health service areas were profiled to reflect where care was received for less resource intensive inpatient services and for Medicaid and PEIA outpatient visits for evaluation and management services. With few exceptions, counties clustered in consistent patterns from 2000 to 2001. Figures 1 and 2 depict the inpatient and outpatient health service areas in 2001.

Figure 1

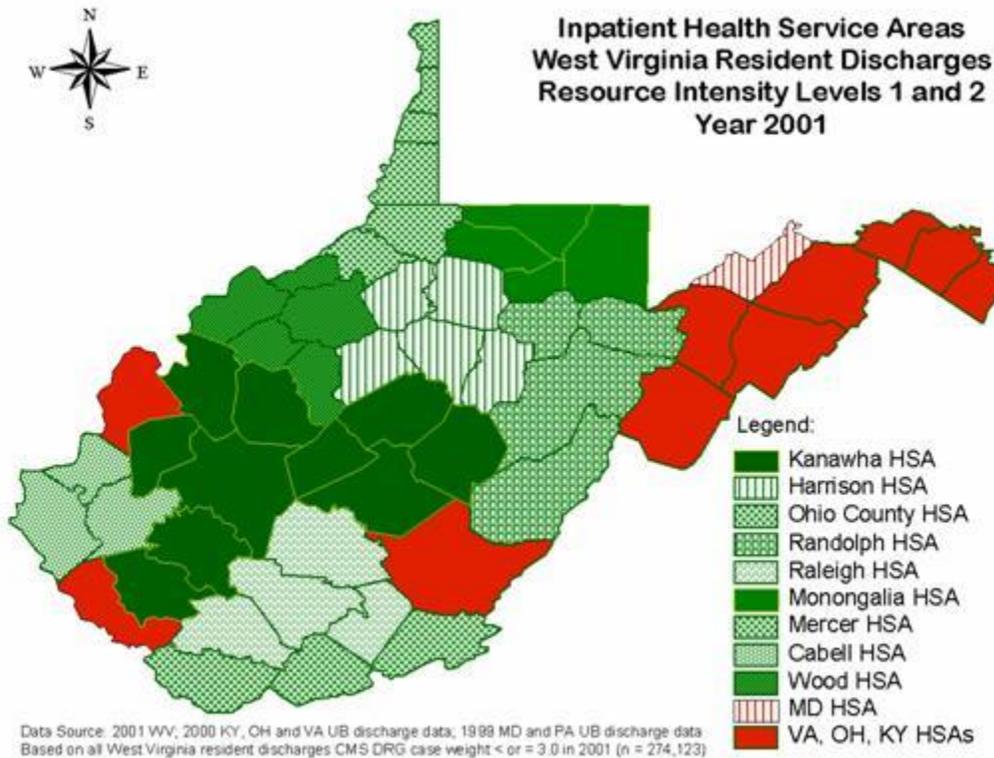
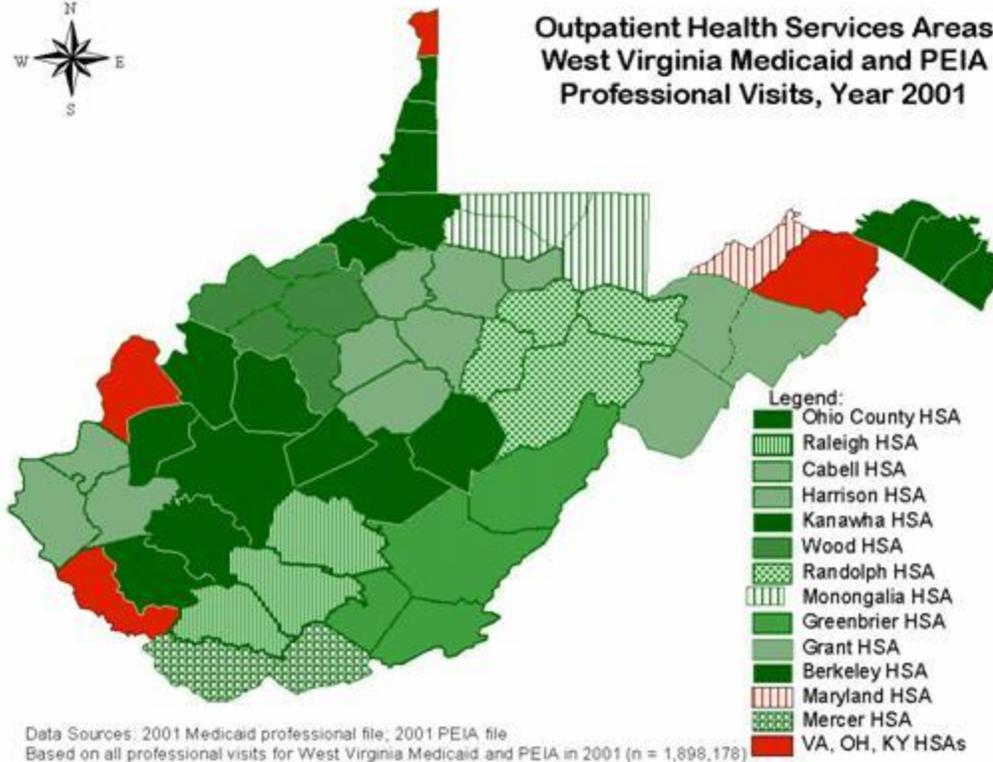


Figure 2



Outpatient Health Services Areas West Virginia Medicaid and PEIA Professional Visits, Year 2001



The results of the methodology used to summarize these patterns are consistent with a cluster analysis performed by the National Center for Health Statistics using 1988 Medicare data. The method was also further confirmed by a cluster analysis performed using the inpatient and outpatient datasets. In addition to these comparisons, the results were reviewed by a focus group of policymakers, state officials and insurers, who validated the initial results and made suggestions for future activities. Additional review will occur with providers and consumers at the community level once the analysis is more complete and includes an assessment of health care resources and health status.

Development of a comprehensive inventory of existing health care resources is in progress including facilities and professionals. For example, the Authority has obtained West Virginia Board of Medicine physician data. Using the *Dartmouth Atlas of Health Care* as a benchmark for analysis, the Authority has examined primary care physician direct patient care hours by Full Time Equivalent (FTE) status and has calculated use rates using county population data.

Specialist physician hours are also being analyzed. Analysis of direct patient care hours for the following specialties is currently in process: cardiology, neurology, emergency medicine, orthopedic surgery, general surgery, neurosurgery, urology, obstetrics and gynecology, ophthalmology, anesthesiology, radiology and pathology.

A clinical population profiling system was obtained to assist in the analysis of health status issues in the utilization data and to determine risk and clinical complexity in health plan populations. The system also helps profile specific health care needs and their concentration

throughout the state. Upcoming focus areas for analysis include diabetes, cardiovascular disease, smoking-related illness, obesity, chronic obstructive pulmonary disease and cancer.

In 2004, the Authority expects to complete the Indicator Project combining information on health service areas, health care resources and health status to identify priority areas within geographic areas of the State. Comprehensive results and recommendations are expected by fall.